10/507322

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		0				
6		0				
7	1					
8		1				
9		1				
10		1				
11		1				
12		4				
13	1					
14		1				
15		3				
16		0				
17	1					
18		0				
19		0				
20		0				
21		0				
22	1					
23		1				
24		4				
25		0				
26		0				
27	1					
28		1				
29		3				
30		0				
31	1					
32		0				
33	1					
34		1				
35		1				
36		2				
37	1					
38		0				
39		0				
40			1	1		
41						
42				1		
43			1	1		
44				1		
45						
46			1			
47				1		
48						
49				1		
50						
TOTAL IND.			10			
TOTAL DEP.			35			
TOTAL CLAIMS			45			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1	1		
53						
54				1		
55				1		
56			1			
57				1		
58				1		
59				1		
60				1		
61				1		
62			1			
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69			1			
70				1		
71				1		
72				1		
73			1			
74				1		
75				1		
76			1			
77				1		
78				1		
79				1		
80				1		
81				1		
82			1			
83				1		
84				1		
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87						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						